

CHAPTER 18

MOTOR VEHICLE ACCIDENTS

TABLE OF CONTENTS

18.00	INTRODUCTION
18.01	PURPOSE
18.02	POLICY STATEMENT
18.03	MOTOR VEHICLE ACCIDENTS REPORTING AND FORMS
18.04	RESPONSIBILITIES OF FIRST AND SECOND LINE SUPERVISORS
18.05	MOTOR VEHICLE ACCIDENT CLASSIFICATIONS
18.06	PREVENTABLE ACCIDENTS
18.07	NON PREVENTABLE ACCIDENTS
18.08	NOTIFICATION OF PREVENTABLE ACCIDENT AND THE EMPLOYEE'S RIGHT TO APPEAL
APPENDIX "A"	ACCIDENT IDENTIFICATION (STD 269)
APPENDIX "B"	VEHICLE ACCIDENT REPORT (STD 270)
APPENDIX "C"	DATA INPUT FOR MOTOR VEHICLE ACCIDENT (PM-S-0270)

CHAPTER 18

MOTOR VEHICLE ACCIDENTS

18.00 INTRODUCTION

Provides information on the forms and reporting procedures that the driver or operator, and his/her supervisor, or responsible person in the chain-of-command, are responsible to do following a motor vehicle accident.

18.01 PURPOSE

Ensures uniform reporting and documentation of motor vehicle accidents.

18.02 POLICY STATEMENT

When an employee is involved in a motor vehicle accident while driving a state-owned, rented, or privately-owned vehicle on official state business he/she shall report the accident on the appropriate forms, and in a timely manner. Employees are not to discuss the accident with anyone other than the police, their supervisor, Office of Risk and Insurance Management (ORIM), Claims Unit or an authorized agent under contract with ORIM. If contacted by the other party, their attorney or insurance company, refer the party or correspondence to the ORIM Claims Unit.

18.03 MOTOR VEHICLE ACCIDENTS REPORTING AND FORMS

The following describes what the driver or operator, and the supervisor of his/her chain-of-command, is responsible to do following a motor vehicle accident.

The State Administrative Manual (SAM), Section 2430, requires the employee, or operator of the vehicle, and the supervisor to comply with the following:

- The Caltrans driver **must** complete a Form STD. 269, by recording all pertinent information on the form before leaving the accident scene.
- The first section of the form is designed to be detached and given to the driver of the other vehicle or property owner.
- The Caltrans driver will transfer the information from the Form STD. 269 to a Form STD. 270 VEHICLE ACCIDENT REPORT.

Additionally, the operator must report all motor vehicle accidents and/or property damage accidents to his/her supervisor as soon as possible.

When the other party inquires about insurance coverage, or insurance related questions, the Caltrans driver/operator should inform the other driver/property owner to direct their questions to the DGS, ORIM. Provide the other party the address and telephone number of the ORIM Claims Unit shown on the card.

If at any time following the accident, the driver/employee is served with any legal papers, ORIM Claims Unit should be called immediately.

Form STD. 269

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call the ORIM. The Form STD. 269 ACCIDENT IDENTIFICATION CARD is a state form required by the DGS, (ORIM), and Caltrans management.

If an accident occurs on weekends or on holidays, it must be reported as soon as possible, but it is reported to a different telephone number. The specific contact numbers are identified on the STD. 269 card.

The purpose of the Form STD. 269 is to record pertinent information about the accident while still at the accident scene. The information on the Form STD. 269 is transferred onto a Form STD. 270. Within 48-hours, the accident must be reported to ORIM by mail or FAX on a Form STD. 270. **The Caltrans driver must complete a Form STD. 269 for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene and the amount of damage.**

A copy of a Form STD. 269 should be located in the storage (glove) compartment of every state-owned vehicle. The form is an eight-sided, folded card, about 4 inches by 6 inches, printed back-to-back. If using your private vehicle or rental, a copy should be obtained and have available when you travel on state business.

If the driver is unable to complete the Form STD 269, the supervisor is responsible to complete the form for the employee, and ensure that the accident is reported to ORIM within 48-hours by mail or FAX on a Form STD. 270. If the supervisor is not available, a co-worker, or other person should ensure that the facts surrounding the accident are recorded on a Form STD. 269, and the form is sent to an appropriate member within the employee's chain-of-command who must report to ORIM within 48-hours by mail or FAX on a Form STD. 270.

After the information is transferred from the Form STD. 269 to the Form STD. 270, the supervisor may retain, or destroy their copy of the Form STD. 269.

The information on the Form STD. 269 should be considered as "confidential" and should be destroyed in the proper manner.

A sample of Form STD. 269, ACCIDENT IDENTIFICATION CARD is shown at the end of this chapter.

The Form STD. 269 is NOT a substitute for completing a Form STD. 270.

Form STD. 270

The Caltrans driver must complete a Form STD 270 VEHICLE ACCIDENT REPORT for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene, amount of damage, or repair cost. A separate STD 270 must be completed for each state vehicle involved or damaged. The Form STD. 270 is a state form required by the DGS, ORIM, and Caltrans.

WITHIN 48-HOURS, THE ACCIDENT MUST BE REPORTED TO ORIM BY MAIL OR FAX ON A FORM STD. 270, VEHICLE ACCIDENT REPORT.

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call ORIM.

NOTE: A STD. 270 is required for equipment failures that cause an accident such as loading or unloading, towing, equipment failure or glass damaged by sand or an accumulation of scratches, but not for those times in which there is equipment failure or glass damage only.

The most current version of the Form STD. 270 is available from supervisors, District or Headquarters Safety and Health Offices and the Caltrans Electronic Forms System on the Caltrans Intranet at:

<http://10.112.5.23:8080/v2Forms/showForm.jsp;jsessionid=9BC66D5F6E41BAB6A8E20FA9715B51EE?frmid=STD270>

Form PMS-S-270

The purpose of the PMS-S-270, "Data Input For Motor Vehicle Accident" form is:

- To collect data that will identify the employee, the equipment, and detailed information describing the physical and environmental conditions surrounding the accident by establishing a computer file;
- To document the Accident Prevention Plan (shown on the reverse side) by having the supervisor and others review and discuss the details of the accident with the driver to select the root cause;

-
- To document the preventability of the accident based upon Caltrans Vehicular Accident Classification Standards; and
 - To ensure that First Line Supervisors are taking necessary corrective or disciplinary action to avoid future accidents.

The following is instructions on how to file a Form PM-S-0270:

- Based upon the information provided by the driver/operator, and after completing an investigation, the first-line supervisor fills out the front of the form. All boxes describing physical and environmental conditions must be completed;
- Supervisors are responsible to ensure that all of the data fields have been reviewed and all the information on the computer input document is complete and accurate. If you need assistance, call your local Health and Safety Office;
- After completing the front of the form, the first-line supervisor shall review the back side of the form and select the appropriate “preventability” that best fits the circumstances surrounding the accident;
- After selecting the accident classification, the first-line supervisor shall complete the lower section of the form by filling out the Accident Prevention Plan as shown on the reverse side of the form; and
- The second-line supervisor shall review the first-line supervisor's comments and indicate his/her agreement or disagreement with the first-line supervisor's recommendations and corrective actions. Subsequent levels of review shall include the District/Headquarters Safety and Health Officer.

The form must be filled out to ensure that an accident has been properly documented and included in the SIMS computer data base. The form is only for internal Departmental use by the District/Headquarters Safety and Health Office staff.

18.04 RESPONSIBILITIES OF FIRST AND SECOND-LINE SUPERVISORS

Responsibilities of the **First-line Supervisor** are as follows:

- Ensure the employee is provided with medical care, Workers' Compensation forms (Chapter 10), and notify Cal-OSHA if needed (Chapter 19);
- Obtain copies of accident reports prepared by the California Highway Patrol (CHP) or reports prepared by local police jurisdictions. He or she may obtain these reports as an "interested party" and at no cost. **Do not delay submitting a Form STD 270 within 48 hours to ORIM.** Police reports and other documents may be obtained at a later date. Copies of the report(s) shall be given to the District Claims Officer or District/Headquarters Safety and Health Officer, who will arrange for the police report to be sent to the DGS, ORIM;
- Ensure all motor vehicle accidents are promptly investigated, documented, and properly reported to their chain-of command and the Safety Office;
- Ensure the employee understands when and how to complete the Form STD. 269 and Form STD. 270. Should the driver be unable to do so, the supervisor shall fill out the form(s);
- Review the completed Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, determine the basic cause, and sign as Reviewing Officer (see section 18.05);
- Check the driving history of the affected employee to see if he/she has had any recent accidents that may influence the supervisor's decision to consider training and/or disciplinary action;
- Complete the Form PM-S-0270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT. Make comments regarding appropriate corrective action taken to prevent similar accidents, determine and assign "preventability";
- Classify the accident as either preventable or non-preventable on the STD. 270; and
- Prepare and/or cooperate with notifying the employee if the accident is determined to be "preventable" as the employee may be denied benefits and/or awards; and
- The supervisor or person having charge over the state vehicle is responsible to complete STD 270 for acts of vandalism or damage sustained while parked if vehicle was not currently assigned to other employee at the time of damage.

Responsibilities of the **Second-Line Supervisor** are as follows:

- Review Form STD. 270, VEHICLE ACCIDENT REPORT, and Form PM-S-270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT for completeness and any corrective action;
- Discuss the driving history of the affected employee with the first-line supervisor to see if he/she has had any recent accidents that may impact what disciplinary action may be appropriate; and
- Forward the original copy of the Form STD. 270, and the Form PM-S-0270, to the District Safety and Health Office for accidents involving District employees, and to the Headquarters Office of Safety and Health for employees assigned to Headquarters sourced units. **If he/she is an Equipment Shop employee, send the original form directly to the Headquarters Safety Office and a copy to the appropriate District Safety Office.**

Responsibilities of the **District or Headquarters Safety and Health Officer** are as follows:

- Review the Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, and determine the basic cause of the accident;
 - Review the comments/recommendations by the first and second-line supervisors to ensure it is appropriate, correct, and “preventability” has been determined and assigned. The Headquarters Office of Safety and Health and the District Safety Officers have final authority to determine the “preventability” assigned to any accident or to any employee;
 - Notify the first and second-line supervisor if there is disagreement about “preventability” he/she may have selected and assigned to a specific accident;
 - The District or Headquarters Office of Safety and Health staff will arrange for the reports to be sent to the DGS, ORIM. This state agency acts as the Department’s insurance adjusting agent in vehicle accident claims and related insurance procedures; and
 - Input accident information from the 270 into the Safety Information Management System.
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18.05 MOTOR VEHICLE ACCIDENT CLASSIFICATIONS

The following defines the Caltrans Vehicular Accident Classification system.

For the purpose of this manual, a “motor vehicle” is defined as either a state-owned (Caltrans or General Services), privately-owned, or commercial rental motor vehicle being operated by a state employee while on official state business.

“Equipment” is defined as motorized construction equipment or equipment used in the construction and/or maintenance of highways typically operated by Caltrans.

“Other vehicles” are defined as a non-state employee/adverse party owned vehicle or property involved in an accident resulting in personal injury or property damage.

18.06 PREVENTABLE ACCIDENTS

A preventable accident is defined as an accident that the driver/operator could have reasonably prevented.

This interpretation of a preventable accident imposes on each driver the positive duty of doing all that can be done within reason under the particular circumstances to avoid accidents. The driver is expected to carefully anticipate emergency situations, drive defensively, and to make every possible effort to avoid accidents.

Preventable accidents are caused by driver error or an imprudent act when the state driver/operator fails to take the "**last clear chance**" to avoid the accident. Except for accidents involving mechanical failure, the decision as to whether the accident is preventable is to be based solely on whether or not the driver exercised prudent and careful judgment. Did the driver attempt to avoid the accident regardless of any legal rights (such as right-of-way at intersection) to which he/she may have been entitled under the Vehicle Code?

If the driver fails to take the "**last clear chance**" to avoid an accident, the accident is preventable regardless of the question of primary responsibility for the accident. The test to be applied is one of preventability, taking all facts and circumstances under consideration.

18.07 NON-PREVENTABLE ACCIDENTS

A non-preventable accident is defined as an accident that occurred with the vehicle/equipment and the state driver or operator did exercise prudent and careful judgment in an attempt to avoid the accident.

Generally, driver error or an imprudent act of the other driver causes these accidents, where the state driver/operator has no control over the acts of others.

18.08 NOTIFICATION OF PREVENTABLE ACCIDENT AND THE EMPLOYEE'S RIGHT TO APPEAL

Employees who are charged with a preventable accident shall be notified in writing by the District or Headquarters Safety and Health Officer.

Since they may be denied benefits and/or awards, Bargaining Unit 12 employees have an appeal process described in their Memorandum of Understanding (MOU). The appeal may be prepared by the supervisor, branch chief, region manager, etc.

APPENDIX "A"

MOTOR VEHICLE ACCIDENTS

SEPTEMBER 2009

18-10

ACCIDENT IDENTIFICATION

FORM STD. 269

<p>NAME STREETS OR ROADS — SHOW TROLLEY TRACKS, DIRECTION AND POSITION OF ALL VEHICLES IN ACCIDENT.</p>		<p>THE STATE OF CALIFORNIA</p> <p>ALL VEHICLES INVOLVED IN THIS ACCIDENT MUST BE REPORTED TO THE CALIFORNIA DEPARTMENT OF RISK AND INSURANCE MANAGEMENT WITHIN 270 DAYS OF THE ACCIDENT.</p> <p>Accident involving a vehicle owned by the State of California or a vehicle owned by a public entity shall be reported to the Department of Risk and Insurance Management.</p>		<p>STATE OF CALIFORNIA</p>	
				<p>ACCIDENT IDENTIFICATION</p> <p>STD.269 (REV. 1/2002)</p> <p>IMPORTANT</p> <p>Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.</p>	
<p>DO NOT WRITE IN THESE SPACES</p>		<p>COUNTY</p>		<p>DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER</p>	
		<p>CITY</p>		<p>DRIVER'S LICENSE NUMBER</p>	
<p>Subsequent complaint Service of process</p>		<p>APPROXIMATE ROAD WIDTH</p>		<p>DEPARTMENT EMPLOYED BY</p>	
		<p>DISTANCE FROM CURB</p>		<p>DATE AND LOCATION OF ACCIDENT</p>	
<p>COM</p>		<p>DATE</p>		<p>YEAR AND MAKE OF STATE VEHICLE</p>	
		<p>LOCATION (ADDRESS, INTERSECTION, ETC.)</p>		<p>LICENSE NUMBER OF STATE VEHICLE</p>	
<p>7</p>		<p>DATE</p>		<p>ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO</p>	
<p>7</p>		<p>DATE</p>		<p>OFFICE OF RISK AND INSURANCE MANAGEMENT DEPARTMENT OF GENERAL SERVICES 707 THIRD STREET, FIRST FLOOR WEST SACRAMENTO, CA 95606 Internet: claims @ dgs.ca.gov (916) 376-5302 1-800-900-3634 Toll Free</p>	

THIS FORM IS AN EIGHT (8) SIDED, 4"X 6" FOLDED CARD, PRINTED BACK-TO-BACK. ALL SIDES OF THE FORM ARE NOT SHOWN.

APPENDIX "B"

MOTOR VEHICLE ACCIDENTS

SEPTEMBER 2009

18-11

VEHICLE ACCIDENT REPORT - SIDE 1

FORM STD. 270 (Caltrans)

STATE OF CALIFORNIA VEHICLE ACCIDENT REPORT STD. 270 (REV. 04/2002)		THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD BE FIRST CALLED OR FAXED TO ORIM AT (916) 376-5300 - FAX (916) 376-5277. * CONFIDENTIAL INFORMATION * DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT		DISTRIBUTION: ORIGINAL - District or Headquarters Office of Safety and Health	
ACCIDENT PREVIOUSLY REPORTED TO ORIM? (If yes, give date) <input type="checkbox"/> YES <input type="checkbox"/> NO		Page 1 of 2			
STATE DRIVER	NAME		AGE	EMPLOYING DEPARTMENT	
	DRIVER'S LICENSE NO.		ACCIDENT DATE	TIME	CALTRANS - OFFICE ADDRESS
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If NO, attach explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO		AGENCY BILLING CODE AGENCY DOCUMENT NO. District/Cost Center		
	APPROXIMATE DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING Month/Year <input type="checkbox"/> NOT TAKEN		JOB TITLE		BUSINESS PHONE
STATE VEHICLE	VEHICLE LICENSE NUMBER		VEHICLE YEAR, MAKE, MODEL		VEHICLE OWNER
	BRIEFLY DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED REPAIR COST	<input type="checkbox"/> DEPT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME	
ACCIDENT DETAILS (See Reverse for Diagram and Description)	ACCIDENT LOCATION (Address/Area)			ROAD CONDITIONS	
	(City/State)			WEATHER CONDITIONS	
	(County)			TRAFFIC CONDITIONS	
	POLICE REPORT MADE			NAME AND ADDRESS OF INVESTIGATING AGENCY	
	<input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER			HOW FAST WERE YOU DRIVING EST. SPEED OF OTHER CAR	
	NCIC#			BADGE #	
OTHER VEHICLE	DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL
	DRIVER'S LICENSE NO.		HOME TELEPHONE	WORK TELEPHONE	NO. OF PASSENGERS
	DRIVER'S ADDRESS (Street, City, State, Zip Code)			REGISTERED OWNER	
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			OWNER'S ADDRESS	
			HOME TELEPHONE		
			WORK TELEPHONE		
			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY		
INJURED	NAME		AGE	ADDRESS	
	NAME		AGE	ADDRESS	
WITNESS	NAME		TELEPHONE	ADDRESS	
	NAME		TELEPHONE	ADDRESS	
VEHICLE PASSENGERS	NAME		ADDRESS		
	NAME		ADDRESS		
	NAME		ADDRESS		
	NAME		ADDRESS		

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

(CONTINUED ON REVERSE)

VEHICLE ACCIDENT REPORT - SIDE 2

FORM STD. 270 (Caltrans)

STATE OF CALIFORNIA
VEHICLE ACCIDENT REPORT
 STD. 270 (REV. 04/2002) (REVERSE)

* **CONFIDENTIAL INFORMATION** *
 DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF
 THE OFFICE OF RISK AND INSURANCE MANAGEMENT

ACCIDENT DETAILS - DESCRIPTION	STATE FULLY HOW ACCIDENT OCCURRED (Give Details, attached additional sheets if necessary)

ACCIDENT DETAILS - DIAGRAM	<p style="text-align: center;">Indicate Points of Compass N.S.E.W.</p>	Number State vehicle as 1, other vehicle(s) as 2, 3, etc. Show pedestrian by <input type="radio"/> Show direction of travel as follows: Before accident After accident Give names or numbers of street or roads
	Sample	

ADDITIONAL VEHICLE/PASSENGER(S)	DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	DRIVER'S ADDRESS (Street, City, State, Zip Code)			ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE
					WORK TELEPHONE
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY	
INJURED PASSENGER	NAME	AGE	ADDRESS		HOSPITAL
	NAME	AGE	ADDRESS		HOSPITAL
	NAME	TELEPHONE	ADDRESS		
	NAME	TELEPHONE	ADDRESS		
The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. <i>Attach extra pages as necessary.</i>					
Employee Signature and Date			Supervisor Signature and Date		Print Supervisor Name and Title
					Supervisor Telephone Number

MOTOR VEHICLE ACCIDENTS

SEPTEMBER 2009

18-13

DATA INPUT FOR MOTOR VEHICLE ACCIDENT-SIDE 1**FORM PM-S-0270**

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DATA INPUT FOR MOTOR VEHICLE ACCIDENT

PM-S-0270 (REV. 04/2008)

CONFIDENTIAL

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

(This Form to be completed by First Line Supervisor) ACCIDENT INFORMATION					
DATE OF ACCIDENT	TIME (24 Hour)	CALTRANS EMPLOYEE INJURED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT NUMBER	
		OTHER CALTRANS VEHICLE(S) INVOLVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	M -	
ACCIDENT DESCRIPTION (Briefly describe Accident- Provide Details not included below)					
WAS A POLICE REPORT FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER FROM TOP OF POLICE REPORT**				N. C. I. C. #	OFFICER'S BADGE #
EMPLOYEE INFORMATION					
LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX	DATE OF HIRE	
SOCIAL SECURITY NUMBER	BIRTH DATE	DRIVER LICENSE NUMBER	DRUG TEST (Sensitive Positions Only) <input type="checkbox"/> YES <input type="checkbox"/> NO		
CLASS CODE	MTCE ACTIVITY NUMBER	EMPLOYMENT STATUS (Check One) <input type="checkbox"/> PFT <input type="checkbox"/> PI <input type="checkbox"/> LT <input type="checkbox"/> PPT <input type="checkbox"/> TAU <input type="checkbox"/> SPP <input type="checkbox"/> RA <input type="checkbox"/> SA <input type="checkbox"/> CE**			
DISTRICT NUMBER	UNIT/COST CENTER*	MAINTENANCE CLASS NUMBER	EQUIPMENT ID NUMBER	LICENSE NUMBER	ESTIMATED REPAIR COST
DETAILED INFORMATION (Circle one appropriate for each Category)					
A. WEATHER 01 CLEAR 02 CLOUDY 03 FOG 04 RAIN 05 SNOW 06 WIND B. VISIBILITY 01 OVER 1/2 MILE 02 LESS THAN 1/2 MILE 03 LESS THAN 100 YARDS C. ROAD CONDITION 01 DRY 02 WET 03 SNOW/ICE 04 SLIPPERY (MUDDY, OILY, ETC) 05 NOT A FACTOR D. PREVENTABILITY 01 BY DRIVER 02 NON PREVENTABLE 03 BY OTHER CALTRANS EMPLOYEE 04 BY CALTRANS MANAGEMENT 05 BY PRIVATE PARTY E. VEHICLES 01 SOLO 02 TWO OR MORE MOVING VEHICLES F. TYPE OF VEHICLE 01 STATE 02 PRIVATE 03 RENTAL G. VEHICLE FUNCTION 01 EQUIPMENT 02 TRANSPORT PERSONNEL 03 TRANSPORT EQUIPMENT 04 TRANSPORT MATERIAL 05 SNOW REMOVAL 06 SHADOW 07 BARRIER 08 ADVANCE WARNING H. CRASH CUSHION 01 HIT 02 NOT HIT 03 NOT APPLICABLE	I. PROTECTIVE BELT IN USE 01 LAP BELT 02 SHOULDER HARNESS 03 BOTH LAP BELT & SHOULDER HARNESS 04 NONE USED J. GENERAL LOCATION 01 CITY STREET 02 CONVENTIONAL HIGHWAY 03 CONSTRUCTION 04 FREEWAY 05 FREEWAY RAMP OR CONNECTOR 06 LANE OR SHOULDER CLOSURE 07 PRIVATE PROPERTY 08 RURAL ROAD 09 STATE YARD OR PROPERTY 10 TUNNEL OR DURE 11 MAINTENANCE WORK ZONE K. SPECIFIC LOCATION 01 AT INTERSECTION 02 MEDIAN 03 OFF STREET IN TURN 04 OVERPASS 05 PARKING LOT 06 SHOULDER 07 TRAVELLED WAY L. BASIC CAUSE ST. OTH. 01 EXCESSIVE SPEED 02 FOLLOWING TOO CLOSE 03 IN WRONG LANE 04 AVOIDING AUTO OR OBJECT 05 IMPROPERLY PARKED 06 IMPROPER BACKING 07 DISREGARD OF SIGNS, SIGNALS ETC. 08 FAILURE TO OBSERVE CONDITIONS 09 POOR JUDGEMENT 10 IMPROPER OPERATION OF VEHICLE 11 UNKNOWN 12 BLOCKED VISION 13 DEFECTIVE EQUIPMENT 14 LOST LOAD	M. DRIVERS CONDITION ST. OTH. 01 NORMAL 02 DRUG/ALCOHOL IMPAIRED 03 ILL 04 SLEEPY OR FATIGUED 05 INATTENTIVE 06 OTHERWISE IMPAIRED N. MOVEMENT PROCEEDING COLLISION 01 STOPPED 02 PROCEEDING STRAIGHT 03 RAN OFF ROAD 04 MAKING RIGHT TURN 05 MAKING LEFT TURN 06 MAKING U TURN 07 BACKING 08 SLOWING/STOPPING 09 PASSING OTHER VEHICLE 10 CHANGING LANE 11 ENTERING MANEUVER 12 EVASIVE MANEUVER 13 CROSSING INTO OPPOSING LANE 14 OTHER O. TYPE OF COLLISION 01 HEAD ON 02 SIDESWIPE 03 HIT IN REAR 04 BROADSIDE 05 HIT OBJECT 06 OVERTURNED 07 VEHICLE/PEDESTRIAN 08 HIT REAR OF OTHER	P. MOTOR VEHICLE INVOLVED WITH 01 NON COLLISION 02 PEDESTRIAN 03 OTHER MOTOR VEHICLE 04 MOTOR VEHICLE ON OTHER ROADWAY 05 TRAIN 06 BICYCLE 07 ANIMAL 08 FIXED OBJECT 09 RUNAWAY VEHICLE Q. PEDESTRIAN INVOLVEMENT 01 NO PEDESTRIAN INVOLVED 02 CROSSING - IN CROSSWALK 03 CROSSING - NOT IN CROSSWALK 04 WALKING ALONG ROADWAY R. ACCIDENT CLASS (SEE REVERSE FOR DETAILS) 01 I (a) 02 I (b) 03 II (a) 04 II (b) 05 II (c) 06 II	S. OCCUPATION 01 ADM - ALL OFFICE WORK 02 LAB - LAB TESTING, FIELD AND LAB 03 SHIP - MECHANICS, WELDERS, ETC. 04 CON - FIELD CONSTRUCTION 05 SUR - FIELD SURVEYS 06 FTR - FIELD TRAFFIC 07 TOL - TOLL SERVICES 08 FM - FIELD MAINTENANCE 09 SPP - SPECIAL PROGRAM PEOPLE 10 CEM - CONTRACTORS EMPLOYEE †	
IF 03 IS CIRCLED, ENTER EMPLOYEE'S SOCIAL SECURITY NUMBER _____					
*ENTER THE UNIT NUMBER THE EMPLOYEE WAS CHARGED TO AT THE TIME OF THE ACCIDENT **THIS INFORMATION IS INCLUDED TO ENABLE COMPARISON OF SUPERVISOR'S REVIEW TO THAT OF LAW ENFORCEMENT OFFICER † INCLUDED FOR TRACKING PURPOSES ONLY					
This Form must be certified correct by the Safety Officer before Data Input <input type="checkbox"/> Certified correct O.K. for Data Entry					
SAFETY OFFICER'S SIGNATURE					
ENTERED BY (Initial) DATE					

DATA INPUT FOR MOTOR VEHICLE ACCIDENT-SIDE 2**FORM PM-S-0270****DATA INPUT FOR MOTOR VEHICLE ACCIDENT**

PM-S-0270 (REV. 04/2008)

REPORTING MOTOR VEHICLE ACCIDENTS

SELECTION OF BASIC CAUSE: The supervisor, after discussing the accident with the driver or worker and making such investigation as is necessary, shall select and indicate a BASIC CAUSE for the accident for either of both - (1) the State driver or worker, (2) the other car, other worker, pedestrian, or object.

ACCIDENT CLASSIFICATION: The following definitions from Section 16.02 of the Equipment Manual will be used to determine the appropriate classification of an accident. All class III accidents require that the full details of the accident investigation be included on the reverse of this form. Whether or not class I or class II accidents shall be included on the reverse of this form shall be subject to direction from each individual Division or District. Consult with the District or Headquarters Safety Officer for direction in your area.

CLASS I (a) - State vehicle indirectly involved - when a state vehicle is in the proximity of an accident and it may be alleged that the accident was due, in whole or in part, to the operation or position of the state-owned vehicle or equipment;

CLASS I (b) - Work damage to others - when an adverse vehicle or property is damaged by being sprayed or by material falling or thrown from a state-owned vehicle or equipment;

CLASS II (a) - Work damage - Unavoidable damage to state vehicle or equipment that occurs during proper use but not in the case of a traffic accident;

CLASS II (b) - Vandalism/Theft - Damages as a result of vandalism or theft must be reported on Std. Form 270. In both cases, local law enforcement officials, as well as claims officer, must be notified immediately;

CLASS II (c) - Operational damage to others - damage to another vehicle or property because of normal and operational use of state equipment or vehicles. This category does not include traffic accidents;

CLASS III - Any accident which does not fall in Class I or II is a Class III accident. Every accident in which a state owned motor vehicle is involved and results in a reportable personal injury or in a death and any accident that is caused by driver error.

PREVENTABILITY

Except for accidents involving mechanical failure, the decision as to whether the accident is preventable is to be based solely on whether or not the driver exercised prudent and careful judgement in his/her attempt to avoid the accident regardless of any legal rights (such as right-of-way at intersection) to which he/she may have been entitled under the vehicle code.

This rule imposes on each driver the positive duty of doing all that can be done within reason under the particular circumstances to avoid accidents. He/she is expected to carefully anticipate emergency situations, and to make every possible effort to avoid accidents. If the driver fails to avail himself/herself of the "last clear chance" to avoid an accident, the accident is preventable regardless of the question of primary responsibility for the accident. The test to be applied is one of preventability, taking all facts and circumstances under consideration.

In addition to examining the actions of the driver regarding his/her taking the "last clear chance" to avoid this accident, please examine the facts of the accident to determine if the accident could have been prevented by 1) another Caltrans employee, 2) Caltrans management (yourself included) or 3) another party. If so circle the appropriate code. If another Caltrans employee could have prevented the accident, enter that employee's Social Security Number in the space provided and provide comments in the accident description as to what that employee could have done to prevent the accident.

FOR FIRST LINE SUPERVISOR

1) I HAVE TAKEN THE FOLLOWING ACTION(S) TO PREVENT RECURRENCE OF THIS TYPE OF ACCIDENT.

2) I RECOMMEND THE FOLLOWING ADDED ACTION(S) TO PREVENT THIS TYPE OF ACCIDENT.

1ST LINE SUPERVISOR (Signature)

DATE

FOR SECOND LINE SUPERVISOR

☐ I agree ☐ disagree with 1st line supervisor actions and/or recommendations

COMMENTS:

2ND LINE SUPERVISOR (Signature)

DATE

FOR SAFETY OFFICER

☐ I agree ☐ disagree with actions and/or recommendations ☐ This accident was preventable based on the facts as presented or as determined by Safety Office review or investigation.

COMMENTS:

SAFETY OFFICER (Signature)

DATE

Sample